

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2 1939 ~~DEC~~ MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7768
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 3
(b) Township Bonne anne Primary Registration District No. 1.06
(c) City St. Louis (d) Street No. Ros. e. Crest 902 Kirkwood Rd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Barth

(a) Residence, No. 4743 Hannover St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 2 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Christy Clayworks
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Pa.

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Nellie Hudson
4743 Hannover

18. BURIAL, CREMATION, OR REMOVAL PLACE N. St. Marcus DATE Mar. 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle
2331 S. Broadway

20. FILED MAR 2 1939 J. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:40 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumoniosis (possible Tbc) few yrs.

Other contributory causes of importance:

Pulmonary embolism

Name of operation..... Date of.....

What test confirmed diagnosis autopsy..... Was there an autopsy? YES.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19____

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? YES.....
If so, specify John Powell

(Signed) John Powell, M. D.
Coroner of St. Louis County, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Robert Wheeler

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Robert Wheeler

Licensed Embalmer No.

2128

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.